

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

FONDY CARTER

COURT CASE NUMBER

1-05CV-11335

DEFENDANT

MR MENNON

TYPE OF PROCESS

SUMMON

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Deven Medical Center

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

P.O Box 880, Ayer MASSACHUSETTS 01432

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Fondy Carter
Federal Correctional Institute
P.O. Box 6001
Oshkosh, WI 54005

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	1
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

MASSACHUSETTS
MARSHAL SERVICE
BOSTON, MA

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Fondy Carter

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 32	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Kenny Talauee	Date 9/2/05
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time am pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Served by Cert Mail 9/6/05 NT

UNITED STATES DISTRICT COURT

District of

Massachusetts*Fondy Carter*

v.

> Newland, et al

SUMMONS IN A CIVIL CASE

CASE NUMBER:

C.A. 05-11335-AMC

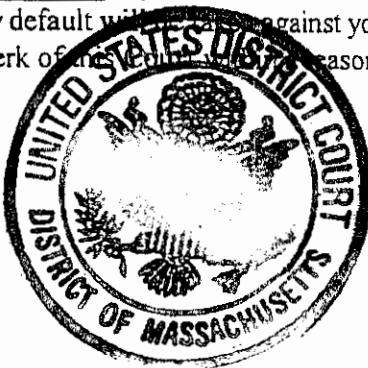
TO: (Name and address of Defendant)

M.R. McManam

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

FONDY CARTER, PC

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer with the Clerk of the Court within a reasonable period of time after service.

*Sarah A. Thornton*

CLERK

Dawn Buckley
(By) DEPUTY CLERK*7/13/05*

DATE